



MISSOURI LOTTERY  
P.O. BOX 1603  
JEFFERSON CITY, MO 65102  
**EMPLOYMENT APPLICATION**

TYPE OF EMPLOYMENT <input type="checkbox"/> PERMANENT <input type="checkbox"/> PART-TIME <input type="checkbox"/> SUMMER	
POSITIONS APPLIED FOR	
1.	2.
3.	4.

**INSTRUCTIONS:** Fill in appropriate spaces and mark an X in boxes. If you need additional space, use blank pages, identifying entries by number. Inquiry may be made in connection with this application providing us with a report concerning your character and lifestyle. The use of this form does not indicate that there are any positions open and in no way obligates the Missouri Lottery or the State of Missouri. PLEASE PRINT LEGIBLY.

### IDENTIFICATION AND PERSONAL DATA

LAST NAME		FIRST	MIDDLE INITIAL	JR/SR	MAIDEN
STREET ADDRESS		CITY	STATE	ZIP CODE	DO YOU HAVE A VALID MISSOURI'S DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU 18 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO		SOCIAL SECURITY NUMBER (OPTIONAL)		HOME TELEPHONE NUMBER	OFFICE TELEPHONE NUMBER
DATE AVAILABLE		EXPECTED STARTING SALARY		CAN YOU TYPE? <input type="checkbox"/> YES <input type="checkbox"/> NO W.P.M. _____	DRIVER'S LICENSE NUMBER
IN WHAT AREAS OF MISSOURI ARE YOU WILLING TO WORK? <input type="checkbox"/> JEFFERSON CITY <input type="checkbox"/> ST. LOUIS <input type="checkbox"/> KANSAS CITY <input type="checkbox"/> OTHER (SPECIFY)					

### EDUCATION

HIGH SCHOOL ATTENDED		LOCATION				GED	DIPLOMA	DATE OF DIPLOMA
COLLEGE ATTENDED		LOCATION		FROM MO. YR.	TO MO. YR.	CREDIT HOURS	DEGREE(S)	DATE OF DEGREE
OTHER SPECIAL TRAINING, TECHNICAL SCHOOLING OR DESIGNATIONS								

DO YOU HAVE ANY RELATIVES PRESENTLY WORKING FOR THE MISSOURI LOTTERY?

☐ NO ☐ YES (EXPLAIN)

### MILITARY

HAVE YOU EVER SERVED IN THE ARMED SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	BRANCH OF SERVICE	PERIOD SERVED	FROM	TO
RANK AT THE TIME OF DISCHARGE OR RETIREMENT				

### GENERAL

ARE YOU AUTHORIZED TO WORK IN THE U.S. ON AN UNRESTRICTED BASIS? <input type="checkbox"/> YES <input type="checkbox"/> NO
IS THERE ANY ACCOMMODATIONS THAT WE WILL NEED TO MAKE FOR YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN CONVICTED, PLEAD GUILTY OR NOLO CONTENDERE TO ANY FELONY OR MISDEMEANOR OTHER THAN MINOR TRAFFIC VIOLATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN

EMPLOYMENT: LIST PRESENT AND PAST EMPLOYMENT. IF ADDITIONAL SPACE IS NEEDED ADD SEPARATE PAGE.			
NAME OF EMPLOYER (MOST RECENT FIRST)		POSITION HELD	
ADDRESS		PHONE NUMBER	DESCRIBE DUTIES
PERIOD EMPLOYED			
STARTING SALARY	ENDING SALARY		
NAME AND TITLE OF IMMEDIATE SUPERVISOR			
REASON FOR LEAVING			
NAME OF EMPLOYER (MOST RECENT FIRST)		POSITION HELD	
ADDRESS		PHONE NUMBER	DESCRIBE DUTIES
PERIOD EMPLOYED			
STARTING SALARY	ENDING SALARY		
NAME AND TITLE OF IMMEDIATE SUPERVISOR			
REASON FOR LEAVING			
NAME OF EMPLOYER (MOST RECENT FIRST)		POSITION HELD	
ADDRESS		PHONE NUMBER	DESCRIBE DUTIES
PERIOD EMPLOYED			
STARTING SALARY	ENDING SALARY		
NAME AND TITLE OF IMMEDIATE SUPERVISOR			
REASON FOR LEAVING			
NAME OF EMPLOYER (MOST RECENT FIRST)		POSITION HELD	
ADDRESS		PHONE NUMBER	DESCRIBE DUTIES
PERIOD EMPLOYED			
STARTING SALARY	ENDING SALARY		
NAME AND TITLE OF IMMEDIATE SUPERVISOR			
REASON FOR LEAVING			
NAME OF EMPLOYER (MOST RECENT FIRST)		POSITION HELD	
ADDRESS		PHONE NUMBER	DESCRIBE DUTIES
PERIOD EMPLOYED			
STARTING SALARY	ENDING SALARY		
NAME AND TITLE OF IMMEDIATE SUPERVISOR			
REASON FOR LEAVING			
REFERENCES			
NAME OF INDIVIDUALS OTHER THAN FORMER EMPLOYERS OR RELATIVES	STREET/CITY AND STATE	TELEPHONE NUMBER	OCCUPATION
I hereby certify that all information made on or in connection with this application is true and complete to the best of my knowledge and belief and that I have not knowingly withheld any fact or circumstance. I understand that any misrepresentation or concealment of material fact will be sufficient ground for rejection of application or removal from employment.			
MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	SIGNATURE OF APPLICANT		DATE

**RELEASE OF INFORMATION**

I do hereby authorize a review, full disclosure and release of any and all records concerning myself to any duly authorized officer, agent or employee of the Missouri Lottery or the Missouri Department of Public Safety whether the records are of a public, private, or confidential nature, with the following understandings.

1. The information reviewed, disclosed, or released may be used by the State of Missouri to determine whether to employ \_\_\_\_\_ and for any other lawful purpose.
2. I release the providers and users of the information collected pursuant to this Authorization from any liability under state or federal privacy laws and further release the State of Missouri, its officers, agents and employees and specifically the Missouri Lottery, the Missouri State Highway Patrol, and their employees from any liability which may be incurred as a result of the collections and use of the information.
3. If this authorization is not sufficient to obtain access to certain records, it is understood that I may be requested to execute some other appropriate authorization or release and that any failure to do so may be taken into consideration by the Missouri Lottery in its review of my employment application.
4. I understand that I may revoke this Authorization in writing at any time and that the Missouri Lottery may take any such revocation of this Authorization into consideration in its review of my employment application.
5. A photocopy of this Authorization will have the same force and effect as the original.

APPLICANT NAME (PRINT OR TYPE)	APPLICANT'S SIGNATURE	DATE
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**APPLICANT DATA RECORD (COMPLETION OF THIS PORTION OF THIS APPLICATION IS VOLUNTARY)**

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap. As employers/government contractors, we comply with government regulations and affirmative action responsibilities. Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a **Confidential File** separate from the Application for Employment.

POSITIONS APPLIED FOR					DATE
REFERRAL SOURCE: <input type="checkbox"/> ADVERTISEMENT <input type="checkbox"/> FRIEND <input type="checkbox"/> RELATIVE <input type="checkbox"/> WALK-IN <input type="checkbox"/> EMPLOYMENT AGENCY					
<input type="checkbox"/> OTHER (SPECIFY)					
NAME	LAST	FIRST	MIDDLE	DATE OF BIRTH	PHONE NUMBER
ADDRESS		STREET	CITY	STATE	ZIP CODE

**AFFIRMATIVE ACTION SURVEY**

NOTE: Government agencies periodically report on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a disability is voluntary.

SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE/ETHNIC GROUPS (CHECK ONE) <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> HISPANIC <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE <input type="checkbox"/> DISABLED INDIVIDUAL
CHECK ITEM(S) IF APPLICABLE <input type="checkbox"/> VIETNAM ERA VETERAN <input type="checkbox"/> DISABLED VETERAN <input type="checkbox"/> DISABLED INDIVIDUAL	

